

**NEVADA GAMING COMMISSION**  
**ANNUAL LICENSE FEE REPORT**  
**for the issuance or renewal of an**  
**Information Service License**



This report, together with your remittance payable to the order of the NEVADA GAMING COMMISSION, must be filed **on** or **before** December 31, for ensuing calendar year for licensee's continuing operations (**renewals**).

**For Calendar Year**

**Filing Deadline:**

Account No., Name, Address, Zip Code

For Office Use Only

Please correct if in error

Check  
Number \_\_\_\_\_

Batch  
Number \_\_\_\_\_

Entry  
Date \_\_\_\_\_

### INSTRUCTIONS

- A. This form is for the use of operators of an information service ONLY.
- B. Annual fee for licensure as an information services operator is **\$6,000.00** per calendar year, pursuant to NRS Chapter 463.3856.
- C. Applicants for a **new license** must pay the full annual fee, without regard to the date of application or issuance of the license, **prior** to commencing operation.

### PLEASE COMPLETE THE FOLLOWING:

1. Annual fee for license for operator of information service..... \$ **6,000.00**
2. Penalty for **late payment** NRS 463.270(5)
  - A. Less than 10 days late: \$1,000.00
  - B. Ten or more days late: \$1,500.00.....
3. Remittance due (Total of Line 1 and Line 2 above)..... \$ \_\_\_\_\_

Please make remittance payable to: **NEVADA GAMING COMMISSION**

Return to the State Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004

Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000.00 or more must be sent electronically.

I, \_\_\_\_\_, certify and declare under the penalties of perjury that I am the \_\_\_\_\_ of the business named above; that this is a true, correct and complete report (Owner, Partner, President, Treasurer, Other-describe) to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated \_\_\_\_\_

Signed \_\_\_\_\_

Person to contact regarding this report:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS